



Conflict Resolution – Facilitator Guide

This module is designed to be delivered as an interactive workshop, using group discussion, case studies and role-play. The aim is to develop the skills required to manage conflict that we often encounter in the Emergency Department.

- Timeframe: Ideally run over 90 minutes, maybe be shortened to 60 minutes
- Participant numbers: 4-20
- Facilitators: 1-2 (ratio 1:10)
- Facilitator preparation
 - Read facilitator resources
 - Send out pre-reading for attendees at least one week prior
 - Book a room with chairs that can be arranged in a U shape
 - Whiteboard for brain storming
 - Print 1 copy of learner guide for each participant

More reading for the facilitators in the resources section. Also see Synopsis document for more details about the topic in general.

Conflict resolution learning objectives:

- Analyse and discuss main reasons for conflict in the ED –resources, psychological needs and values.
- Describe the repercussions of conflict for both staff and patients.
- Analyse your own current approach to conflict using the Thomas-Kilmann matrix (assertiveness vs cooperativeness) applied to a theoretical situation.
- Demonstrate use of Marco and Smith’s model for conflict resolution in the ED, using the cases provided (1-3)

Conflict is often the result of miscommunication and is fuelled by ineffective communication – Louise. B. Andrews MD

Suggested Lesson plan.

Depending on group size, either break up into small groups of 3-4 or do in the larger group.

- Brain storm the reasons for conflict in the ED. Use a whiteboard if available.
- Discuss the repercussions for both staff and patients.

- Brief presentation on the Thomas-Kilmann matrix. Details of this are at the bottom of this document.
- Follow this by the small groups spending time discussing or role playing each other's current approaches to conflict based on the model.
- Discuss Marco-Smiths model for conflict resolution in the ED
- Discuss the application of this model using the cases below

Case 1:

Jane is a 2nd year advanced trainee and she has recently moved to a new department. She is working with an older male consultant called Richard who has seemed a bit grumpy on previous occasions. She felt a bit nervous but being generally pretty confident she carried on doing her job as normal. A few hours into the shift there was a patient with a large spontaneous ICH, who Jane felt should be palliated, but did not want to make the decision herself and she went to seek Richard's help. She explained the case and asked Richard what he thought. He frowned and said "you are not very clever are you? It is pretty obvious what needs to be done." He walked away muttering about how useless all the new registrars were. Jane was shocked and had no idea what to do, as he was the only consultant on the floor at the time.

- How could Jane approach this situation?

Learning points:

- Managing hierarchy, ego and difficult personalities.
- Discuss the application of the Thomas-Kilmann to conflict resolution

Case 2:

Emma is the registrar on a night shift in the ED and her intern Joanna comes to her in tears because she has just called the surgical registrar about a 34-year-old male who has presented with right sided abdominal pain and fevers and anorexia which you think is most likely appendicitis. The surgical registrar had asked the intern "why on earth she is calling prior to a CT to confirm the diagnosis" he had been very rude and recommended admission to SSU and an ultrasound in the morning before he sees the patient. Joanna tried to tell him that it was clinically very likely appendicitis but the surgical registrar and hung up on her." Emma has no empty beds in SSU, as she has had to put 3 female patients with abdominal pain in there overnight awaiting ultrasounds in the morning.

- What could be the reasons for this situation?
- How could Emma approach this situation?

Learning points:

- Practice the application of the Marco-Smith model
- Importance of establishing common goals
- Importance of accepting differences in opinion and trying to reach a compromise.

Case 3:

Nathan is a registrar in the Emergency Department and he has been looking after a 45-year-old female (Sarah) who has come in with lower abdominal pain. She is known to have endometriosis and has had multiple presentations to the ED with lower abdominal pain. As he is walking to the cubicle the nurse rolls her eyes and tells Nathan she is a drug seeker. He walks into the cubicle and is met by a very upset Sarah who is in tears. When he asks what happened, she says no one cares, and tells Nathan to F*** off if he is going to be the same as everyone else and tell her there is nothing wrong with her. She says she is in severe pain and finds it unacceptable that no one has given her any pain relief. She reports the pain is much worse than normal and has been so for the last 4 days. She reports associated nausea. She is writhing around the bed in pain. She demands IV analgesia.

- How should Nathan approach the situation?
- What words could he use to help diffuse the situation?

Learning points:

- Importance of the use of empathy and compassion toward a patient in order to diffuse the conflict situation
- Importance of actively listening to the patient, gaining trust, establishing rapport and a finding common goal (in this case, the common goal is control of her pain)
- Importance of attempting to come to a compromise

Thomas-Kilmann matrix - See Synopsis document for more details.



These two basic dimensions of behavior define five different modes for responding to conflict situations:

- 1 **Competing** is assertive and uncooperative—an individual pursues his own concerns at the other person's expense. This is a power-oriented mode in which you use whatever power seems appropriate to win your own position—your ability to argue, your rank, or economic sanctions. Competing means "standing up for your rights," defending a position which you believe is correct, or simply trying to win.
- 2 **Accommodating** is unassertive and cooperative—the complete opposite of competing. When accommodating, the individual neglects his own concerns to satisfy the concerns of the other person; there is an element of self-sacrifice in this mode. Accommodating might take the form of selfless generosity or charity, obeying another person's order when you would prefer not to, or yielding to another's point of view.
- 3 **Avoiding** is unassertive and uncooperative—the person neither pursues his own concerns nor those of the other individual. Thus he does not deal with the conflict. Avoiding might take the form of diplomatically sidestepping an issue, postponing an issue until a better time, or simply withdrawing from a threatening situation.
- 4 **Collaborating** is both assertive and cooperative—the complete opposite of avoiding. Collaborating involves an attempt to work with others to find some solution that fully satisfies their concerns. It means digging into an issue to pinpoint the underlying needs and wants of the two individuals. Collaborating between two persons might take the form of exploring a disagreement to learn from each other's

insights or trying to find a creative solution to an interpersonal problem.

5 **Compromising** is moderate in both assertiveness and cooperativeness. The objective is to find some expedient, mutually acceptable solution that partially satisfies both parties. It falls intermediate between competing and accommodating. Compromising gives up more than competing but less than accommodating. Likewise, it addresses an issue more directly than avoiding, but does not explore it in as much depth as collaborating. In some situations, compromising might mean splitting the difference between the two positions, exchanging concessions, or seeking a quick middle-ground solution.

Each of us is capable of using all five conflict-handling modes. None of us can be characterized as having a single style of dealing with conflict. But certain people use some modes better than others and, therefore, tend to rely on those modes more heavily than others—whether because of temperament or practice.

Some situations lends themselves to the use of particular conflict styles – for example high stakes requires more competing style where compromise may be possible & desirable in situations where the outcome is less important.

Marco & Smith Model for Conflict Resolution

- Communicate effectively
- Accept differences of opinion
- Establish common goals
- Don't take it personally
- Avoid accusations and public confrontations
- Be willing to compromise
- Establish specific commitments and expectations
- Utilise ongoing communications
- Consider the use of a neutral mediator
- Be pleasant

